

June 10, 2003.

NOTE: The notice is listed in Appendix D at the end of this volume.

Message to the Congress Transmitting a Report on the National
Emergency With Respect to Weapons-Usable Fissile Material in the
Territory of the Russian Federation
June 10, 2003

To the Congress of the United States:

As required by section 401(c) of the National Emergencies Act, 50 U.S.C. 1641(c), and section 204(c) of the International Emergency Economic Powers Act, 50 U.S.C. 1703(c), I transmit herewith a 6-month periodic report prepared by my Administration on the national emergency with respect to the risk of nuclear prolifera-

tion created by the accumulation of weapons-usable fissile material in the territory of the Russian Federation that was declared in Executive Order 13159 of June 21, 2000.

GEORGE W. BUSH

The White House,
June 10, 2003.

Remarks to the Illinois State Medical Society in Chicago, Illinois
June 11, 2003

Thanks for the warm welcome. It's good to be back in the Windy City. I'll try not to be too windy. [*Laughter*]

The last time I was here, which was in January, I talked about big objectives of my administration and big responsibilities we share, and I talked about the need to continue to fight the war on terror. I reminded our citizens that this country would uphold the just demands of the world and confront the real threat posed to the free world by Saddam Hussein. Since I was here, thanks to the bravery of our military and to friends and allies, the regime of Saddam Hussein is no more; the world is peaceful and free. Thanks to their bravery and their sacrifice, the world is more peaceful, America is more secure, and the Iraqi people are now free.

We have a lot more work to do in Iraq, and we'll stay the course. And we've got a lot more work to do to make sure our

country is secure, because the war on terror goes on. There are still terrorist networks which hate America because of what we love. They hate us because we love our freedoms. And since we're not going to change, we're going to have to deal with them. We will be strong; we will be diligent; and we will win.

I also talked about economic security when I was here last. I laid out a plan, what I called a growth-and-jobs plan, that recognized that so long as any of our fellow citizens are looking for work, that we've got to be concerned about the fact they can't find a job. We need a—I reminded the country that we needed to grow our economy so people could find work.

The crux of the plan I laid out said that if a person has more money in their pocket, they're likely to demand an additional good or a service. In our type of economy, when you demand a good or a service, somebody

is going to produce the good or a service. And when somebody produces that good or a service, it's more likely a fellow citizen will find work. And the Congress acted, and they passed substantial tax relief, which will give more Americans their own money.

Today I've returned to Chicago to discuss another issue relating to our security, and that's the need for us to improve the health security of the American citizens. We have an unprecedented opportunity to give America's seniors an up-to-date Medicare system that includes more choices and better benefits like prescription drug coverage. And for the sake of health care for all Americans, we must reform the medical liability system. For years, leaders of both political parties have talked about these reforms. Now is the time to get the job done.

I am very grateful for the Illinois State Medical Society for hosting me today. This distinguished organization was founded in 1840 in Springfield, the same time that Abraham Lincoln was practicing law in that city on North 5th Street. Lincoln was a lawyer who believed in discouraging unnecessary litigation. I want to thank Dr. Ron Ruecker for his hospitality, his introduction.

I want to thank Tommy Thompson. Tommy used to be in this neighborhood. [Laughter] But he's doing a fantastic job as our Secretary of Health and Human Services. When we talk about tort reform in this administration, Tommy is the point man up on Capitol Hill, working hard with Senators and Members of the United States Congress, some of whom traveled with us today. Senator Peter Fitzgerald is with us today, and I want to thank the Senator for joining us. Congressmen Bobby Rush and Luis Gutierrez, Rahm Emanuel, Danny Davis, Phil Crane, Mark Kirk, and Congresswoman Judy Biggert also traveled, and I want to thank the Members of Congress for your interest and for joining us.

We have just had a roundtable discussion with fellow citizens, some docs, some people on Medicare. I want to thank them for joining me today and sharing their sto-

ries and their concerns about the future of health care in our country.

One thing is for certain about health care in our country, is that we've got the best health care system in the world, and we need to keep it that way. We've got great docs in America. We're really good at research. We're developing technologies and medicines which are extending lives not only in our country but all across the world.

To make sure we've got a good health care system today and tomorrow, we've got to make sure that no policy of the Federal Government will undermine the system of private care in America. As folks who deliver that care, you know that we've got challenges in our system. We must address the challenges while not undermining the strengths of American medicine.

There are some hard-working folks in our country who do not qualify for Medicaid and cannot afford to buy health insurance. So I sent a proposal to Congress for refundable tax credits to help low-income people purchase their own insurance. There are too many needy Americans who use emergency rooms as their main source of health care. So I worked with Congress, and I want to thank Congress for increased funding, for more community and migrant health care centers all across America.

And we've got another challenge that we're now dealing with in America, and that's Medicare. It's an essential commitment of this Government, yet the system is not keeping pace. The system is not adjusting to the advances of modern medicine. This year we have an opportunity to seize and strengthen and—to strengthen and improve Medicare for the sake of all our seniors. I'm here to urge Congress not to miss the opportunity. I'm here to ask for your help in making sure that Congress does not miss the opportunity.

Four decades—over four decades, the Government has made some improvements in Medicare. Notice I said “the Government” has made improvements in Medicare. Therein lies part of the problem.

[Laughter] We've expanded the program to cover persons with disabilities, to cover kidney dialysis, to cover more home-based services to the bedridden, to cover some cancer screenings and vaccines. Yet, health care moves faster than bureaucracy. Health care is being transformed by drug therapies and active prevention. These are an increasingly important part of how docs treat their patients, yet seniors with Medicare must pay for those treatments out of their own pocket or go without them.

Medicine is changing; Medicare is not. As many as one-third of seniors on Medicare have no drug coverage at all. It's about 900,000—90,000 seniors in Chicago without any drug coverage. Because seniors don't have drug coverage for prescription drugs and preventative care, we are creating a health care system that is more expensive and less effective.

Let me give you two examples. Prolonged hospital stays for ulcers can cost up to \$28,000, which Medicare pays. But Medicare does not pay the annual bill of \$500 for drugs that can eliminate the cause of most ulcers. Medicare would pay many of the costs to treat a serious stroke, including bills from the hospital and the rehab center, doctors, home health aides, and outpatient care. And those costs can total upwards of \$100,000. Medicare will not pay for a year's worth of treatment with blood-thinning drugs that can prevent stroke, drugs which cost less than \$1,000.

Time and time again, Medicare's failure to pay for drugs means our seniors risk serious illnesses, disease, and injuries, all of which Medicare would pay to treat after the fact. America's seniors deserve a modern system of health care, instead of a bureaucracy that covers the latest medical treatments slowly and sporadically. Our seniors should have choices under Medicare, so that affordable health care plans compete for their business and, at the same time, give them the coverage they need.

This principle of choice, of trusting people to make their own health care deci-

sions, is behind the health plan enjoyed by every person on the Federal payroll, including every Member of Congress. All Federal employees get to choose their health care plan. Health plans compete for their business by offering good services and better choices at lower costs. It seems logical to me that if Members of Congress and staffs get good choices and good service, so should the seniors of America.

Here are the principles of the plan that I have submitted to Congress. Seniors who want to stay in the current Medicare system should have that option plus a prescription drug benefit. Seniors who want enhanced benefits, such as more coverage for preventative care and other services, should have that choice as well. Seniors who like managed care plans should have that option as well. And all low-income seniors should receive extra help, so that all seniors will have the ability to choose a Medicare option that includes a prescription drug benefit.

That's what we discussed at our roundtable, the need for seniors to have a prescription drug benefit. Dan and Barbara Lee are with us today. He has leukemia, which is now under control, but he's worried about the future. He has affordable prescription drug coverage through a previous employer, but he knows he's eventually going to lose it. And then he will have a monthly prescription drug bill of more than \$300, and the current Medicare system will not help him. Dan describes Medicare this way: "There isn't a lot of choice, and I think people ought to have choice." Congress needs to listen to Dan.

We also heard from Gene Preston. He and his wife, Dorothy, live on a tight budget and do not have prescription drug coverage. To the Prestons, a full drug benefit would help a lot because they now spend \$300 a month on drugs. He says, "Everything is going up in price. Before, we could save a couple of bucks at the end of the month. But right now, we're just holding even, if not going below even." Gene says

it's important to have good health care coverage, and he's right. And that's exactly what the plan I submitted to Congress will provide to Gene and his wife and a lot of seniors around our country that need help.

The need for Medicare reform is absolutely clear to me, and the opportunity for Medicare reform is real. We've got a chance to get it done. We have set aside the necessary resources to make reform work. The budget I proposed, which Congress passed, provides 400 billion additional dollars to modernize Medicare and provide a prescription drug benefit—\$400 billion. We've also got a growing consensus in both Houses of Congress and in both political parties, a consensus that our seniors need more choices and better benefits including prescription drugs. And the time is right to make progress.

The House of Representatives will take up this issue in the coming weeks under the leadership of a man from Illinois, a guy who I've got a lot of respect from, Speaker Denny Hastert. And I appreciate the leadership of Chairman Bill Thomas and Chairman Billy Tauzin. And in the Senate, Republican Senator Chuck Grassley of Iowa and Democrat Senator Max Baucus of Montana are working closely to add momentum for Medicare reform. With the right spirit, I am confident that both the House and the Senate can act on historic Medicare improvements before the Fourth of July recess.

In a strengthened and modernized Medicare system, every senior in America would enjoy better benefits than they have today, no matter what plan they choose. And all seniors would continue to benefit from the most fundamental choice of all, the ability to choose your own doctor.

It is that relationship between patient and doctor which is the significant strength of American health care. Everything we do to improve Medicare should honor this relationship. And that relationship is being hurt by junk lawsuits filed against many

doctors. It is important for our fellow citizens to understand the effects of junk lawsuits. It means that doctors and their insurance companies must fight every single case, regardless of how frivolous. And therefore, liability premiums go up, and that's got two effects. One, it causes price to patients to go up, and in some cases, drives docs out of business.

If one of the goals of health care is to have affordable and available health care, it makes no sense to have a system—because of junk lawsuits—which drives up the costs and, in many States, makes health care less available. As well, it's important for our fellow citizens to understand that because of the threat of lawsuit, docs practice defensive medicine, ordering more tests, doing more procedures than are necessary, in order to avoid a lawsuit or in order to prepare a case for a potential lawsuit. And that causes costs to go up in America as well. Both higher premiums and defensive medicine drives up the cost to patients all across America, in every State. And both are hurting health care in this country, and we need to do something about it now.

Dr. Andrew Roth is with us today. Our citizens must listen to the story of Andrew Roth because it's a—unfortunately, it's a typical story all around America. He went to high school at Hinsdale Central High. He stayed in Chicago for college and medical school. He and his practice deliver about 200 babies a year. His insurance premiums are going up 50 percent next month, to \$170,000. And next January, he expects another 40-percent increase.

The interesting thing about his career is that he has never spent a day in court as a defendant in a liability case, and he has never settled a case. But because this State has no medical liability reform, the cost of him staying as a baby doc is getting out of sight. And he is now considering leaving this vital State. And that hurts the patients in this State, and it must hurt him as well. He was raised here, educated here,

loves the Cubs. [Laughter] And yet, a flawed system is not only making it hard for him to practice medicine; it's making it hard for him to stay in an area he loves. He said, "We're all at the breaking point. Liability premiums are keeping us from doing what we love or forcing us to leave our homes."

We have got a problem in America that we must deal with. And this is not only a local problem, but because lawsuits and premium increases and preventative medicine drive up the cost in Medicaid and Medicare and veterans health benefits, medical liability is a national issue that requires a national solution.

Every person with a legitimate claim deserves a day in court. Junk lawsuits make it hard to get into court. And bad doctors must be held to account. I'm confident that's what the Illinois Medical Society believes as well. Yet, for the sake of affordable and available health care, we need a cap on non-economic damages, of \$250,000. Punitive damages should be limited to reasonable limits.

This health care system needs liability reform now. No one has ever been healed by a frivolous lawsuit. This past March, the House of Representatives passed medical liability reform. The Senate has not acted. I urge all of you to talk to your Senators. I know one of them is okay.

You can make a difference. Not only should the people of Illinois who care about medical liability reform get involved, people all over this country—if you want a health care system that is available and affordable—need to get involved. You need to let your Senators know how you feel on this key issue.

I'll be right there with you getting involved. I want to sign this into law. I want to sign Medicare reform into law, and I want to sign medical liability reform into law, so that we can look the American people in the eye and say, "We have done our job; we saw a problem and we fixed it."

There are challenges in the health care system. We understand that in Washington. And we can answer those challenges with practical, sensible, compassionate reforms. That is the charge before us, and that is the charge we must keep on behalf of the American people.

May God bless your work, and may God continue to bless America.

NOTE: The President spoke at 10:32 a.m. in the ballroom at the Chicago Hilton. In his remarks, he referred to former President Saddam Hussein of Iraq; and Ronald L. Ruecker, M.D., chair, board of trustees, Illinois State Medical Society. The Office of the Press Secretary also released a Spanish language transcript of these remarks.

Remarks in Chicago on the Terrorist Bombing in Jerusalem *June 11, 2003*

Today there was a terrible bombing in Jerusalem. I send my heartfelt condolences to those who suffered and lost life.

It is clear there are people in the Middle East who hate peace. There are people who want to kill in order to make sure that the desires of Israel to live in secure and peace don't happen, who kill to make sure

the desires of the Prime Minister of the Palestinian Authority and others of a peaceful state living side by side with Israel do not happen.

To the people in the world who want to see peace in the Middle East, I strongly urge all of you to fight off terror, to cut off money to organizations such as Hamas,